



THE HEALTH OF BEDFORDSHIRE

**Annual Report
of the
County Medical Officer
of Health**

1973

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To the Chairman and Members of the Bedfordshire County Council

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour and statutory duty to submit the Annual Report for the year 1973 on the Health Services of the former Administrative County of Bedford. It is the eighty-second and will be the last of the series which has been represented by successive County Medical Officers. They were :

- 1893—1899 Leonard Wilde, M.D., M.R.C.P., D.P.H.
- 1900—1908 George Newman, M.D., F.R.S.E., D.P.H.
- 1909—1929 Henry Kenwood, C.M.G., M.B., F.R.S.E., D.P.H.
- 1929—1947 Cuthbert G. Welch, M.D., D.P.H.
- 1947—1965 W. C. V. Brothwood, M.A., M.D., D.P.H.
- 1965—1974 M. C. Macleod, M.D., D.P.H.

Throughout the country Annual Reports have provided Councils, Departments and other bodies with valuable and detailed information about public health matters, the progress achieved and the problems encountered, but as the Department has pointed out, the re-organisation of the health service and local government has made them inappropriate in their usual form.

This Report is much shorter than its recent predecessors, and regretfully it lacks some of their features. There are no photographs by Mr. K. Whitbread, the County Photographer, who has done so much to illustrate essential features of almost all branches of the service nor is there the customary section on environmental health. The brevity is due partly to the altered circumstances and partly to the intense pressure to which the staff were subjected throughout the year when they had not only to discharge their normal duties but also to prepare for the transfer of responsibilities to the new authorities, which in itself was a formidable task. It is now comforting to recall that for the year 1972 it had been possible to provide a very detailed account of the services and also to include "A short History of the County Health Service" and "Community Nursing Services" with particular reference to the geographical County of Bedford. That Report will continue to be useful for a long time.

This Report for the year 1973 confines itself to essential statistical information and brief descriptions of the services. It shows that the health of the community remained at a high level and the services were well maintained. Together with that prepared by the Medical Officer of Health of the former County Borough of Luton, it provides information on the community services for the whole of the area administered by the new Area Health Authority, and as such will be useful to that Authority and to its medical, nursing and other administrators.

In Annual Reports generally it has been the practice of Medical Officers of Health to stray somewhat outside the prescribed contents and even the year of the Report and there are special reasons for doing so in this.

A passing reference was made above to the preparations which had to be made for the transfer of responsibilities from the Local Health Authorities to the new Authorities. Those preparations started as early as July 1972 when a Joint Liaison Committee was formed. In the course of time this Committee produced profiles of the services provided by the Local Executive Council, the two Local Health Authorities and the three Hospital Management Committees, covering a population of nearly half a million. It was a remarkable achievement, and as Chairman of the Committee, I acknowledge the enthusiasm with which all the members approached it and the success of their efforts. Lists of the members and the Reports are appended.

While this work was proceeding, the Chairman and members of the Area Health Authority were appointed and in September 1973 the first meeting of the Shadow Health Authority took place under the Chairmanship of Mr. G. D. Hitchcock, who at that time was also Vice Chairman of the North West Metropolitan Regional Hospital Board.

In due course the Chief Officers of the Authority were appointed. They were :

Area Administrator : G. E. T. MORGAN
Group Secretary, Luton and Hitchin Group Hospital Management Committee

Area Treasurer : W. H. SHEPHARD
Treasurer, Bedford Group Hospital Management Committee

Area Nursing Officer : MISS W. FROST, O.B.E.
Director of Nursing Services, Bedfordshire County Council

Area Medical Officer : DR. M. C. MACLEOD
County Medical Officer of Health, Bedfordshire County Council

Somewhat later the following medical officers were appointed :

Specialist in Community : DR. J. P. HUTCHBY
Medicine (Child Health)

Specialist in Community : DR. L. G. NICOL
Medicine (Social Services)

District Community Physician (Northern District) :
DR. A. W. C. LOBBAN

Medical Officer of Health, County Borough of Luton

We were sorry to lose the services of Dr. J. G. M. Mortimer who was appointed District Community Physician for St. Albans District and Mr. T. R. Walton who was appointed Regional Ambulance Officer for East Anglia. Mr. G. Keeling remained with the County Council as Waste Disposal Officer.

Before touching on a particular aspect of re-organisation, it may be well to say that the health of the community still remains high and the services are still well-maintained. However, "Re-organisation—as social service departments already know and the National Health Service will now be discovering—is a traumatic process". These words appear in the recently published Report of the Working Party on Social Work Support for the Health Services (H.M.S.O., 1974) and they are very true. Perusal of published matter at the time of the National Health Service Act 1946, when the major Local Authorities lost their hospital and some other medical services, shows this. Some Medical Officers were disquieted and spoke of "the fragments that remain"; others were more philosophical and with foresight said "Tho' much is taken, much abides". In the present re-organisation there is again some disquiet. It is felt particularly by those relatively senior Public Health medical officers who have not yet secured suitable substantive posts and who do not yet see much evidence that the aim of the Act to plan and operate services on an integrated basis is being realised. There is a feeling of "wandering between two worlds, one dead, the other impossible to be born".

In this connection it is important constantly to bear in mind that even in the difficult circumstances of the former tripartite administrative system it had been possible to secure an appreciable amount of integration of some services, and that the new administrative structure, while it will not by itself solve the problem, gives increased scope for shaping the community and hospital services. In some services, e.g. geriatrics, paediatrics, maternity, a high level of interaction is possible, even under the present constraints.

It remains for me to thank sincerely the staff of the former Health Department for the unfailing support they always gave me, and in particular, for their work during the transitional period. This greatly facilitated the relatively smooth transfer of services to the new authorities.

To the Members of the former County Council, I tender my gratitude for their sympathetic understanding and courtesy throughout the years.

I had the honour to be

Your obedient servant,

M. C. MACLEOD,

Area Medical Officer.

BEDFORDSHIRE AREA HEALTH AUTHORITY,
HASSETT HOUSE,
HASSETT STREET,
BEDFORD.

October, 1974.

COUNTY HEALTH COMMITTEE, 1973-74

Chairman : Councillor Mrs. J. M. Griffiths

Ex-Officio : Alderman L. G. Bowles

Alderman B. S. Porter, T.D., J.P.

Aldermen

Miss D. M. Mann

Mrs. A. Urwin

W. G. Matthews

H. R. Waller, O.B.E., J.P., D.L.

Councillors

C. T. Black

C. J. Plumb, O.B.E.

A. G. Burnage

Miss M. C. Shepherd, M.B.E.

L. Chambers

H. B. R. Tusting

Mrs. E. M. Haylock

Mrs. D. E. Waller

M. J. F. Kelly, B.Sc., Ph.D.

O. J. Wells

Miss J. Williams

Co-opted Members

Local Medical Committee :

P. G. J. Duncan, M.B., B.S., M.R.C.S., L.R.C.P.

J. G. Williams, M.R.C.S., L.R.C.P.

Dental Committee : P. Sykes, L.D.S.

Pharmacists' Committee : P. A. Janssen, M.P.S.

Bedford Group Hospital Management Committee :

P. Dutton, M.D., D.M.R.D.

Luton and Hitchin Group Hospital Management Committee :

Mrs. L. J. Aylett, S.R.N.

Bedfordshire and Luton Executive Council : L. J. Aylett

Bedford Borough Health and Welfare Committee :

Miss M. M. Still, S.R.N.

Opticians Professional Association : G. H. Rossiter

COUNTY HEALTH STAFF, 1973

County Medical Officer of Health

M. C. MACLEOD, M.D., D.P.H.

Deputy County Medical Officer of Health

J. P. HUTCHBY, M.B., B.Ch., B.A.O., M.F.C.M., D.P.H., D.I.H.

Principal Medical Officer

L. G. NICOL, M.R.C.S., L.R.C.P., M.F.C.M., D.P.M., D.P.H.

Senior Medical Officers

W. J. W. FREELAND, M.B., Ch.B., D.P.H., M.R.C.G.P.

D. S. JOSEPHS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
(Seconded to Luton County Borough 1.7.73)

Assistant Senior Medical Officers

J. G. R. CLARKE, M.B., B.S., M.R.C.S., L.R.C.P., F.R.C.G.P.

ANNE H. SELWOOD, M.B., Ch.B.

Medical Officers

BRENDA M. AKEROYD, M.R.C.S., L.R.C.P.

ELIZABETH BURBIDGE, M.R.C.S., L.R.C.P. (part-time,
appointed 17.9.73)

ANNE J. BURGE, M.B., B.S., D.C.H., D.P.H. (part-time)

AGNES F. H. CALDWELL, M.B., Ch.B., B.Sc. (Trans. to full time 1.4.73)

CECILIA J. S. CHISHOLM, M.B., Ch.B., D.Obst.R.C.O.G., D.C.H. (part-time)

M. W. T. GEDROYC, M.B., B.Ch., B.A.O.

CLAUDIA M. B. GRIGSON, M.B., B.Ch., M.R.C.S., L.R.C.P. (part-time,
appointed 13.11.73)

MARY C. P. GROVES, M.B., B.S., D.Obst.R.C.O.G., D.T.M. & H. (part-time)

JOANNA E. GWYNNE JONES, M.B., B.S. (part-time)

JANE JOSEPHS, M.B., Ch.B. (part-time, appointed 3.9.73)

MARY MANTLE, M.B., B.Ch., B.A.O. (part-time)

J. H. MARSHALL, M.B., Ch.B., M.R.C.S., L.R.C.P. (part-time)

ANN P. MORRIS, M.B., B.Ch., M.R.C.S., L.R.C.P. (part-time, appointed
8.10.73)

SYLVIA D. MUNRO, M.R.C.S., L.R.C.P. (part-time)

MARGARET E. C. PARKE, M.B., Ch.B. (part-time, appointed 20.3.73)

ANNE E. ROBINSON, M.B., B.S., D.Obst.R.C.O.G. (part-time)

DIANE W. SEMARK, M.B., B.S., M.R.C.S., L.R.C.P. (part-time, appointed
6.8.73)

CICELY STEER, M.B., B.S., D.C.H.

MARGARET M. THOMAS, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.
(part-time)

J. G. WILLIAMS, M.R.C.S., L.R.C.P. (part-time)

Chief Dental Officer

H. W. S. SHEASBY, L.D.S.

Orthodontist

C. J. R. KETTLER, F.D.S., B.D.S., D.Orth.R.C.S. (part-time)

Area Dental Officers

R. BURMAN, B.D.S., L.D.S.

R. J. NEWTON, B.D.S., L.D.S.

C. B. PALMER, L.D.S.

F. C. ROGERS, L.D.S. (resigned 30.11.73)

G. F. WILCOX, L.D.S.

Dental Officers

MARGARET A. ARMSTRONG, L.D.S. (part-time)

JENNIFER M. C. CARRINGTON, B.D.S., L.D.S. (part-time, appointed 12.3.73)

WENDY M. CARTER, B.D.S., L.D.S.

A. W. G. CARTWRIGHT, L.D.S.

W. V. A. DENNEY, L.D.S. (part-time)

ELIZABETH A. EDWARDS, B.D.S. (part-time, appointed 12.3.73)

J. R. FLEMING, L.D.S.

A. JESSOP, B.D.S.

ROSEMARY H. LONGHURST, B.D.S. (part-time)

J. C. MATTHEWS, M.R.C.S., L.R.C.P., L.M.S.S.A., L.D.S. (whole-time from 1.7.73)

FRANCES D. MORRIS, L.D.S. (part-time)

Director of Nursing Services

WINNIE FROST, O.B.E., S.R.N., S.C.M., H.V. (Queen's Nurse) (resigned 1.12.73)

Acting Director of Nursing Services

PEGGY GARFIELD, S.R.N., S.C.M., H.V. (Queen's Nurse) (w.e.f. 1.12.73)

Area Nursing Officers

MARGARET L. DEVERELL, S.R.N., R.S.C.N., H.V.

BRIGITTE R. LAMBERG, S.R.N., S.C.M. (Queen's Nurse) (appointed 1.1.73)

ENID A. OXTON, J.P., S.R.N., S.C.M., H.V. (Queen's Nurse) (part-time)
(resigned 14.2.73)

DOROTHY J. PECK, S.R.N., S.C.M. (Queen's Nurse)

County Health Inspector

G. KEELING, M.A.P.H.I. (resigned 31.12.73)

Health Education Officer

C. J. GUY, D.P.A., M.I.H.E.

Head Occupational Therapist

JEANETTE A. THOMPSON, M.A.O.T., S.R.O.T. (w.e.f. 1.5.73)

Occupational Therapists

MARY R. COLLIER, M.A.O.T., S.R.O.T. (part-time, appointed 10.12.73)

ROSALIND R. MARTIN, M.A.O.T., S.R.O.T.

GILLIAN E. M. PEARSON, M.A.O.T., S.R.O.T. (part-time)

JENNIFER J. PEPPER, M.A.O.T., S.R.O.T. (part-time, 1.5.73 to 2.11.73)

RUTH M. SOUTHON, M.A.O.T., S.R.O.T. (part-time)

PAULINE STEPHENSON, M.A.O.T. (part-time, appointed 1.6.73)

Chief Chiropodist

W. G. OVERFIELD, M.Ch.S., S.R.Ch.

Chiropodists

CAROLYN J. ARROWSMITH, S.R.Ch.

A. BAINES, S.R.Ch. (resigned 16.9.73)

CLAIRE E. BARRETT, S.R.Ch. (appointed 6.8.73)

J. BEAUMONT, M.Ch.S., S.R.Ch.

B. J. FINLAY, M.Ch.S., S.R.Ch.

G. MURDOCH, S.R.Ch.

RUTH M. SKINGLEY, S.R.Ch. (appointed 2.10.73)

I. F. TURBUTT, S.R.Ch. (appointed 2.4.73)

Chief Ambulance Officer

T. R. WALTON, F.I.A.O.

County Analyst

J. S. LEA, B.Sc., M.Chem.A., F.R.I.C.

Chief Administrative Assistant

J. M. TAYLOR

SECTION I

STATISTICS

EXTRACTS FROM VITAL STATISTICS FOR 1973

LIVE BIRTHS:

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	2,575	2,339	4,914
Illegitimate	...	...	...	136	135	271
				<hr/>	<hr/>	<hr/>
				2,711	2,474	5,185
				<hr/>	<hr/>	<hr/>

Crude live birth rate per 1,000 estimated home population 16.3

Illegitimate live births per cent of total live births ... 5.2

STILLBIRTHS:

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	21	26	47
Illegitimate	...	...	...	2	3	5
				<hr/>	<hr/>	<hr/>
				23	29	52
				<hr/>	<hr/>	<hr/>

Stillbirth rate per 1,000 (live and still) births ... 9.9

Total number of live and stillbirths ... 5,237

INFANT DEATHS:

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	37	32	69
Illegitimate	...	...	...	1	4	5
				<hr/>	<hr/>	<hr/>
				38	36	74
				<hr/>	<hr/>	<hr/>

Infant mortality rate (all infant deaths per 1,000 live births) 14.3

Legitimate infant mortality rate ... 14.0

Illegitimate infant mortality rate ... 18.4

NEO-NATAL DEATHS*:

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	27	19	46
Illegitimate	...	...	...	—	3	3
				<hr/>	<hr/>	<hr/>
				27	22	49
				<hr/>	<hr/>	<hr/>

* Within first four weeks of life.

Neo-natal mortality rate per 1,000 live births ... 9.4

Early neo-natal mortality rate (i.e. deaths under one week) 8.3

Perinatal mortality rate (stillbirths and deaths under one week per 1,000 total births) ... 18.1

MATERNAL DEATHS :

No. of deaths —

Maternal mortality rate per 1,000 live and stillbirths ... —

All the statistical information contained in this section of the Report is based on figures supplied by the Registrar General.

POPULATION

The population figures issued by the Registrar General relate to resident civilians and members of the armed forces stationed in the area and are referred to as "home populations". The estimated home populations of the County and County Districts at the 30th June, 1973 were as follows :

Administrative County	...	...	317,150
Urban Areas	...	...	164,260
Amphill U.D.	...	...	5,900
Bedford M.B.	...	...	74,390
Biggleswade U.D.	...	...	9,670
Dunstable M.B.	...	...	32,090
Kempston U.D.	...	...	13,620
Leighton-Linslade U.D.	...	...	22,590
Sandy U.D.	...	...	6,000
Rural Areas	...	...	152,890
Amphill R.D.	...	...	34,770
Bedford R.D.	...	...	41,110
Biggleswade R.D.	...	...	38,410
Luton R.D.	...	...	38,600

With the sole exception of Biggleswade U.D., all districts of the County showed an increase in population over 1972, the overall increase being 6,150. In 1948 the population of Bedfordshire excluding Luton was 190,315. This means that in 25 years the population of the administrative County increased by 66.6 per cent.

The age-sex structure of the populations of the various districts varies, so that the crude birth and death rates, which are calculated as the number of births or deaths per 1,000 of the population, are not really comparable. To overcome this problem, the Registrar General calculates "comparability factors" for each area. When the crude rate is multiplied by the appropriate factor, an adjusted rate is obtained which can then be compared with the rate for any other area in the same year.

BIRTHS

Table A of the Appendix sets out the number of registered births, legitimate and illegitimate, that occurred during 1973 for each of the local government districts. The district to which a birth is allocated is determined by the usual place of residence of the mother and not by the place of birth. The total number of live births was 5,185 giving a crude rate for the County of 16.3 compared with 17.4 in 1972. The adjusted rate was 15.0 compared with 13.7 for England and Wales.

The number of illegitimate live births in 1973 was 271, representing 5.2 per cent of the total. This compares favourably with the national figure of 9 per cent.

STILLBIRTHS

The term stillbirth refers to any child born after the 28th week of pregnancy which did not, at any time after being completely expelled from its mother, breathe or show any other signs of life.

There were 52 stillbirths attributable to Bedfordshire residents during 1973, giving a stillbirth rate of 9.9 per 1,000 total births (live and still) compared with the lowest ever recorded rate of 7.9 in 1972. The national rate for 1973 was 12.

The distribution of the stillbirths between the County Districts is given in Table A of the Appendix. In most cases, however, the figures are so small that no significance can be attributed to the rates for individual districts.

INFANT MORTALITY

During the year, 74 infants under one year of age died. Of these, 43 died within the first week of life and 49 within the first month of life. The number of deaths under one year of age per 1,000 births registered during the year constitutes the infant mortality rate: similarly the neonatal mortality rate is based on deaths within the first four weeks of life. For the County the infant mortality rate in 1973 was 14.3 compared with 13.3 for 1972. The national figure was 17. Figures for the individual County Districts are given in Table A of the Appendix. The causes of infant death in the urban and rural areas are set out in Table I.

Perinatal mortality is the combination of stillbirths and deaths within the first week of life expressed as a rate per 1,000 total (live and still) births. The rate for the County in 1973 was 18.1 compared with 16.0 for the previous year. The national figure was 21.

TABLE I—CAUSES OF INFANT DEATHS IN URBAN AND RURAL AREAS
OF COUNTY, 1973

CAUSE	URBAN		RURAL		COUNTY		
	Under 4 weeks	4 weeks and over	Under 4 weeks	4 weeks and over	Under 4 weeks	4 weeks and over	Total
Pneumonia	—	1	—	2	—	3	3
Other Diseases of Resp. System	—	2	—	—	—	2	2
Congenital Anomalies ..	7	4	9	2	16	6	22
Difficult Delivery, etc. ..	13	—	4	—	17	—	17
Other Causes of Perinatal Mortality	8	1	8	—	16	1	17
Other Causes	—	7	—	6	—	13	13
TOTALS	28	15	21	10	49	25	74

DEATHS

During the year, 2,896 Bedfordshire residents died, giving a crude death rate of 9.1 per 1,000 of the population. The comparable rate for 1972 was 9.0. The adjusted rate of 11.0 compares very favourably with the national rate of 12.0. The crude and adjusted death rates for the County Districts for 1973 are shown in Table II.

The causes of death in each of the County Districts and the age-sex distribution of deaths in the County are shown in Tables B and C of the Appendix.

Heart disease continued to be the main cause of death, accounting for 883 of the deaths registered in 1973. This was 30.5 per cent of the total. There were 607 deaths attributable to cancer (malignant neoplasms and leukaemia). This was 21.0 per cent of all deaths. A closer examination reveals that there were 332 males and 275 females. Of the males 134 died from cancer of the lung or bronchus, whereas only 31 females died from that cause. Cancer of the uterus was responsible for the deaths of 21 women.

The other main causes of death in Bedfordshire in 1973 were cerebrovascular disease (458 deaths) and respiratory disease (386 deaths). Of the latter group, 220 deaths were classified to pneumonia and 105 to bronchitis and emphysema.

No death attributable to maternal causes occurred during the year.

TABLE II—CRUDE AND ADJUSTED DEATH RATES OF THE COUNTY DISTRICTS AND ENGLAND AND WALES, 1973

				Crude Death Rate per 1,000 Home Population	Adjusted Death Rate
Urban Districts	..	..		9.3	11.3
Ampthill ..	..	..		14.9	12.8
Bedford M.B.	..	..		9.4	11.1
Biggleswade	..	..		11.0	10.9
Dunstable M.B.	..	..		8.6	12.6
Kempston	..	..		9.8	10.2
Leighton—Linslade	..	..		7.9	11.3
Sandy ..	..	..		7.3	9.5
Rural Districts	..	..		9.0	10.6
Ampthill ..	..	..		8.5	10.5
Bedford ..	..	..		9.9	11.0
Biggleswade	..	..		10.5	10.8
Luton ..	..	..		7.0	9.9
Admin. County	..	..		9.1	11.0
England and Wales	..	..		12.0	12.0

SECTION II

THE COUNTY HEALTH SERVICES

HEALTH CENTRES AND CLINICS

From the beginning of 1973 the number of health centres was four but two more, at Houghton Regis and Stotfold, were in an advanced stage of construction at the end of the year. The change-over of Putnoe Clinic to a health centre reduced the number of purpose-built clinics to ten, while the number of adapted premises remained at two.

With the commissioning of a second mobile clinic in February it became possible to discontinue renting premises in ten villages and to increase the number of villages visited. The number of rented premises at the end of the year was 19.

Many different functions were undertaken in the health centres and clinics, particularly in those premises owned by the Authority. Those provided under the National Health Service are described in the succeeding pages. Other functions related to the School Health Service.

CARE OF MOTHERS AND YOUNG CHILDREN

Under Section 22 of the National Health Service Act., the Authority provided a wide range of services for mothers and young children, some of which are dealt with in the following paragraphs.

Ante-Natal Care

Expectant mothers receive ante-natal care from the general practitioner, the domiciliary midwife or the hospital staff. Attachment of midwives to general practitioners has facilitated the arrangement of joint ante-natal clinics, in the surgery or health centre, thus reducing duplication of duties in many instances.

In addition, the health visitors and midwives co-operate in running mothercraft and relaxation classes. The relaxation exercises are of undoubted help to the majority of mothers during labour and they gain knowledge and confidence from the comprehensive mothercraft teaching which covers all aspects of pregnancy and labour, as well as the practical care of the baby after it is born.

At the end of the year 21 classes were being held. The total number of women who attended during 1973 was 812 of whom 497 were booked for a hospital confinement.

Child Health Clinics

Including the mobile clinics, there were 37 child health clinics in operation at the end of the year. A health visitor is present at every session and a doctor attends at regular intervals, depending upon the numbers using the clinic. They assess the children's progress and advise mothers where necessary. In addition, the various immunisation processes are carried out and welfare and other foods

are supplied. In many clinics valuable assistance is given by local voluntary helpers and this is greatly appreciated.

The locations of the child health clinics and details of the number of children who attended them are given in Table E of the Appendix. Between them, the mobile clinics provided facilities in 81 villages.

Low Weight Births

For very many years all infants weighing $5\frac{1}{2}$ pounds or less at birth have been regarded as being premature. Although this term has now been dropped in favour of 'low weight births' the babies concerned still need the most skilled attention if they are to survive. The great majority are born in hospital, but for those born and nursed at home cots with appropriate equipment are available for use if required. Where it is necessary for a premature baby to be admitted to hospital, arrangements are made for nursing care en route and a special incubator required for such a journey is provided.

During 1973, of the 5,180 live births notified, 215 or 4.2 per cent were low weight. This was in line with the figures for the years 1967 to 1971 and seems to indicate that the high figure for 1972 was exceptional. Only six of the low weight births took place outside hospital. The number of these babies that died in the first 24 hours of life was five with a further eight dying by the end of six days. The number who survived for 28 days was 201 or 93.5 per cent.

It will be seen from Table D of the Appendix that 110 of the babies weighed more than four pounds fifteen ounces.

There were 40 low weight stillbirths notified (39 in hospital), representing 74 per cent of all notified stillbirths.

Phenylketonuria

Subject to the written consent of parents, a sample of blood is taken from the heel of every baby six days after birth to determine whether there is an inherited inability to digest proteins normally. Such an inability produces phenylketonuria which, if not treated at a very early age, can lead to severe mental retardation. No babies were found with this condition in 1973.

Congenital Malformations

All the congenital defects apparent at birth are recorded on the notification of birth card, whether the child is live or still-born. In the case of a live birth, a congenital abnormality is one of the factors which will place the child at risk, and indicates that special observation will be needed.

Every case of congenital abnormality is reported to the Registrar General. During 1973, 67 babies were born with a total of 100 malformations. Of these 26 were of the limbs and 24 were of the central nervous system. The most common single malformation was talipes which occurred on 19 occasions, followed by spina bifida (12) and cleft palate (7).

Handicapped Children

Where there is any indication that a child might be adversely affected by such factors as heredity, illness of the mother during pregnancy, or difficulties in labour, special observation is kept. Assessment clinics continued to be held at Bedford, Houghton Regis and Kempston to enable both an early more accurate and a continuing assessment of the medical and educational needs of children who were found to be handicapped.

If a child presents with multiple handicaps or there is a particularly difficult problem of medical or educational management, he is referred to a Joint Consultation Clinic. These clinics are held monthly, alternately in Bedford and Dunstable, and enable a paediatrician, the child's general practitioner and members of the Education Department to become involved.

Hearing Defects in Children

All children now have their hearing assessed between the ages of nine months and one year. This testing is undertaken by the health visitor either in the home or at the child health clinic. Where doubt arises as to the child's ability to hear, the test is repeated by the clinic doctor and, if confirmed, referral is made to the appropriate ear, nose and throat consultant via the general practitioner. The aim of such early diagnosis is to enable auditory training to take place with the least possible delay. To facilitate this, some years ago two health visitors were given special responsibility for liaison with the various organisations concerned.

In order to provide suitable conditions for hearing tests, there is a suitably equipped sound-proofed audiology room at Houghton Regis Clinic. Assessment sessions were conducted by one of the Council's medical officers, assisted by a specially trained health visitor. In addition, a consultant from the Luton and Dunstable Hospital attended periodically.

Welfare Foods

Welfare foods, including vitamin preparations, continued to be available to the appropriate groups at the clinics and at voluntary distribution points throughout the County.

DENTAL CARE

The following is the report of the Chief Dental Officer :

“ Under the National Health Service priority in dental treatment is given to expectant and nursing mothers and to children. These all receive treatment free of charge.

“ Local Health Authorities provided facilities for the dental care of mothers and young children, as well as for those at school. In Bedfordshire the work, together with that for school children, was carried out by a single integrated County Dental Service, dental inspection and treatment being available at all of the County Dental Centres and at all five Mobile Clinics.

“ The actual number of patients treated and the amount of treatment provided varied comparatively little from the previous year. Details of the work done are set out in Table F (Appendix). Though most mothers continued to prefer to go to a dentist practising in the National Health Service for their own treatment we were seeing more children under school age than ever. Last year I reported a sudden increase of more than 50 per cent in the number who attended. This was attributed largely to the use of a reminder card sent to the parents of all three-year-olds. In 1973 this new level of attendances was, over the County as a whole, actually exceeded.

“ We were very pleased about this because of the importance we attach to the dental care of those in this youngest age-group benefitting as they thus can from an easy introduction to dentistry and entering school later on with teeth in sound condition.

“ With the introduction of water fluoridation, which took place in stages during the year, and the increased attention which we trust will continue to be given to preventative measures we feel we can anticipate a materially reduced need for dental treatment, particularly in its more trying forms, in years to come.”

THE NURSING SERVICES

For some years a policy has been pursued of attaching health visitors, district nurses and midwives to groups of general practitioners. By the beginning of 1973, so much progress had been made that it was no longer feasible to employ staff on a geographical basis to deal with the patients of doctors not participating in the scheme. Accordingly staff were allocated to these doctors with a small exception in the Biggleswade area. Whilst there is not the same close working arrangement between general practitioners and allocated staff as there is with attached staff, the system is working satisfactorily.

Arrangements were made for six health visitors, nine midwives and six district nurses to attend refresher courses during the year. In addition, the Director of Nursing Services, two Area Nursing Officers and two Nursing Officers attended management courses.

Health Visiting

The establishment in 1973, including Bedford M.B., was 71 health visitors and clinic nurses, six group advisers and three geriatric liaison health visitors. Whilst it continued to be the accepted policy for the health visitors also to act in the capacity of school nurses, both in schools and clinics they were relieved of their less specialised duties by clinic nurses.

The scheme for selecting and sponsoring candidates for health visitor training continued. Five students successfully concluded the course in 1973 and a further five were being sponsored at the end of the year. The Director of Nursing Services and her assistants continued to act as assessors at panel interviews at Stevenage College of Further Education as well as assisting with certain lectures in the syllabus. For their practical training, the students are placed with health visitors who are recognised as Field Work Instructors. There were six so designated at the end of the year. Considerable help, including the provision of lecturers was also given to the Health Visitors' Training Course at Milton Keynes College of Education.

During the year 15,898 children under five years of age were seen in their homes as were 1,337 children aged 5 to 16 years other than as part of the School Health Service. Visits were also paid to 6,021 persons over 16 years of age, including 3,690 who were 65 years or over. Altogether over 2,600 cases were visited at the special request of a general practitioner and 465 cases at the request of a hospital.

A health visitor or clinic nurse is in attendance at every clinic session held, for whatever purpose. At the child health clinics 13,741 children under five years of age were seen, 3,524 sessions being held during the year.

Liaison with general practitioners, hospital staff, social workers and others is extremely important and there has been an increase in case conferences. Health visitors attended 2,734 of these in 1973.

Midwifery Service

Although the number of domiciliary confinements continues to decrease, the overall responsibilities of the midwives remain an important part of the community nursing services. The increase in early discharges means more home assessment visits to identify suitable social conditions. Moreover, the actual hospital stay is quite short, often only 48 hours, whereas the ante-natal and post-natal care is provided by the midwife over a much longer period of time.

Facilities continued to be made available for pupil midwives from hospitals in the area to receive training in district work for three months. At the end of the year 11 pupil midwives were in training, 44 having completed their training during the year. Of the midwives employed by the Authority, 13 were midwifery approved teachers.

At the end of the year, the establishment provided for 122 midwives and district nurses. The number of domiciliary confinements attended by the midwives during the year was 653. In 61 cases, domiciliary midwives attended hospital confinements. The number of women discharged from hospital early in the puerperium to be cared for at home by domiciliary midwives was 2,310 compared with 2,528 in 1972.

District Nursing

It remained the policy where practicable to combine nursing with midwifery. Of the full-time nurses, 11 were men and they continued to make a valuable contribution to the nursing services in the County.

The arrangements with Hertfordshire and Northamptonshire County Councils for the provision of district training for nurses continued to work satisfactorily. During the year, nine state registered nurses and four state enrolled nurses received their certificates. By the end of the year, a total of 61 district nurses held a national certificate. The nursing officers took an active part in the practical supervision of Bedfordshire students. The Director of Nursing Services and three of the Area Nursing Officers were approved by the Panel of Assessors as examiners and acted in this capacity in other areas. Eight of the district nurses were approved practical work instructors.

As a further development in training, district nurses now take students and pupil nurses from hospital nurse training schools in order to give them an appreciation of the community nursing services.

Attachment has meant that the work of the nurses is no longer restricted to the patients' homes and much is now done in doctors' surgeries and in health centres. This has led to a vast increase in the number of patients treated. The total was 14,335 in 1973 of whom 7,566 were seen in their own homes. Of the domiciliary cases, 4,164 or 55 per cent were 65 years of age or over, whereas this age group only accounted for 5,239 (37 per cent) of the total cases treated. The practice continued for the district nurses to attend selected surgical cases discharged from Bedford General Hospital after 48 hours.

In addition to the normal nursing service described in this section, the Authority provided an agency service for the Marie Curie Memorial Foundation Day and Night Nursing Service whereby nurses are employed on an 'ad hoc' basis to tend terminal cases of carcinoma in their own homes. This scheme, the cost of which is met by the Foundation supports the relatives of such patients for longer periods, mainly at night, than would be possible under the local health authority service. The nurses concerned were interviewed and supervised by senior nursing officers.

Nursing Auxiliaries

This service continued to fill a great need with the 14 auxiliaries paying 23,284 visits to 265 patients in 1973. The number of frail elderly persons not requiring the services of a qualified nurse but needing the personal services for which some training is required, continues to increase.

These services are often very exacting and require a special kind of aptitude on the part of those who execute such duties. The training is provided within the Service and it is necessary that such staff work under the umbrella of the trained nurses who supervise the cases cared for by the nursing auxiliaries. In this way, the category of staff is easily adjusted to cover the changing needs of these old people. It also results in economy of trained nurse time and skills.

AMBULANCE SERVICE

The County Council, as in previous years, continued to provide direct Ambulance Services, and had reciprocal arrangements with neighbouring authorities to provide services on a more economic basis in the peripheral areas.

During the year a total of 86,474 patients were conveyed by ambulance vehicles and ambulance car services, travelling 817,434 miles. The value of the Ambulance Car Service, which is a voluntary scheme whereby private motorists give their services and receive

TABLE III—MILEAGE TRAVELLED AND PERSONS CARRIED BY COUNTY
AMBULANCE SERVICE AND AMBULANCE CAR SERVICE, 1973

Station or service	Mileage	Persons carried			
		Accident	Sickness	Other	Total
Ampthill	95,054	783	8,726	76	9,585
Biggleswade	147,180	1,117	15,495	109	16,721
Dunstable	99,237	1,976	10,306	150	12,432
Kempston	195,244	3,336	24,140	976	28,452
Leighton—Linslade ..	90,597	790	8,810	321	9,921
	627,612 (646,961)	8,002 (7,665)	67,477 (71,587)	1,632 (1,917)	77,111 (81,169)
Ambulance Car Service	189,822 (194,401)	— (—)	5,162 (5,723)	4,201 (4,446)	9,363 (10,169)
	817,434 (841,362)	8,002 (7,665)	72,639 (77,310)	5,833 (6,363)	86,474 (91,338)

Figures in brackets refer to previous year.

a mileage payment, is indicated by the total of 9,363 patients conveyed and 189,822 miles travelled. This service is invariably used for the conveyance of patients beyond the County boundaries.

Table III indicates the mileage travelled and persons carried by ambulance from the individual stations and by the Car Service.

The necessary training of ambulance staff continued throughout the year. Ten men attended courses of two weeks' duration, seven new entrants to the service attended six-week basic courses and four Station Supervisors attended Officers' courses at the County of Leicester Ambulance Training School. In-service training on a joint basis with the Luton County Borough Service was organised by the Ambulance Training Officer.

The establishment of vehicles remained the same as in the previous year—18 accident and emergency, 18 dual-purpose, two emergency and control vehicles and one car. All vehicles continued to be regularly serviced and maintained at local garages in the County under the supervision of the Maintenance Officer.

The total staff establishment was 94. The Control Headquarters staff comprised the Chief Ambulance Officer and nine other officers, one Maintenance Officer and three operators. The stations were manned by three supervisors, eight leading drivers and 68 ambulance-men, there being one vacancy at the end of the year. Throughout the year the Chief Ambulance Officer supervised the Luton Ambulance Service on a joint basis.

The arrangement whereby the Ambulance Control co-ordinated the use of Health and Social Services transport continued successfully throughout the year.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Occupational Therapy

The work of the occupational therapists involves them in rehabilitation. This implies the restoration of patients to the highest possible level of functional activity, both mentally and physically, in the shortest possible time. There is a great need for rehabilitation of adolescents, housewives and the elderly. There is also a demand in the psychiatric field. The aim of the occupational therapist in this work is to help the patient and the family to adjust to what may be a long-term disability.

Facilities continued to be provided in Kempston for patients to receive their occupational therapy in groups. This enabled a large number to be treated and helped to relieve the feeling of isolation. A patient requires confidence in tackling everyday activities at home or at work if possible.

Therapeutic activities continued in some Geriatric Units for individuals and small groups. Music in the form of accompanied per-

cussion instruments and singing has proved an effective form of group therapy with geriatrics.

At Kempston and Houghton Regis the occupational therapists play an important part in the assessment team for mentally and physically handicapped children. One aspect of the occupational therapist's role in this setting is advising parents on specialised equipment to use in the home. Home management and parent training are of particular importance.

Liaison with general practitioners, district nurses, health visitors and social workers can prove to be very helpful in the full assessment of clients' capabilities and needs.

The staffing situation improved considerably and Mrs. J. Thompson was promoted to Head Occupational Therapist on the 1st May.

Chiropody Service

Clinics were held regularly at centres throughout the County. In addition, chiropodists undertook a considerable number of visits to patients in their own homes. Treatment was provided in Old People's Homes by private chiropodists under arrangements made by the Social Services Committee, but on occasions it was necessary to provide help where a private chiropodist was not available.

Details of the work carried out under the Authority's scheme are given in table IV.

TABLE IV—NUMBER OF CHIROPODY TREATMENTS GIVEN IN 1973
WITH NUMBER OF PERSONS TREATED

	By Local Health Authority	By Voluntary Organisations	Total
In Clinics	12,448	2,105	14,553
In Patients' Homes ...	14,186	1,529	15,715
In Old People's Homes ...	2,810	334	3,144
In Chiropodists' Surgeries	5,239	2,569	7,808
Total Treatments ...	34,683	6,537	41,220
No. of Persons ...	6,911	1,272	8,183

Nursing Equipment and Apparatus

For the care and after-care of sick persons being nursed at home, certain nursing equipment and apparatus is provided on loan. The items concerned are described generally as "medical comforts". The scheme is mainly operated on an agency basis by St. John Ambulance and the British Red Cross Society who, in all, were running 21

Medical Comforts Depots in the County at the end of the year. The Authority made a small grant to the Bedford Headquarters of each body and paid 100 per cent of the cost of initial equipment, as well as 85 per cent of the cost of replacements. Incontinence pads and protective clothing in the form of water-proof pants and knickers with disposable linings were provided free of charge by the Health Department.

Cervical Cytology

The demand for cervical cytology at the Authority's clinics continued. No information is available concerning the number of smears taken by general practitioners or hospital doctors, although there is reason to believe it is substantial.

Altogether 75 sessions were held at eight centres in 1973 and the new mobile clinic held 23 sessions in 14 villages. Altogether 1,895 women attended. In addition, smears were taken from 1,130 women attending the family planning clinics provided by the Authority.

Artificial Kidney Machines

Some patients suffering from chronic failure can be treated successfully at home on an artificial kidney machine. From 1968 Local Health Authorities were directed to provide facilities by making the necessary structural adaptations, the equipment being provided and maintained by the hospital. Three new cases were assisted during the year.

Eye Defects

As part of the School Health Service, the Authority provided an Orthoptic Clinic at Union Street, Bedford. The Orthoptist reports that in 1973, of the new cases referred for treatment, 60 were adults with ocular muscle imbalance. This is a condition marked by headache, blurring of vision and double vision that usually improves dramatically after two or three treatments. On average, six to eight treatments are required for a complete cure and the patient can help himself a great deal by doing some simple daily exercises at home.

In the south of the County, the Orthoptist does five sessions a week at the Luton and Dunstable Hospital, seeing out-patients of the Ophthalmic Surgeon. The patients that she deals with are usually suffering from double vision brought on as the result of illness or accident. Various kinds of treatment are employed and the orthoptic report is often useful in assessing whether the condition is static or not.

Speech Therapy

Also as part of the School Health Service, the Authority employed a team of Speech Therapists. Increasingly, their work has extended into the adult field and in the north of the County they worked in close co-operation with the Bedford Group of Hospitals. Patients suffering from a wide variety of conditions—geriatric, neurological, psychological among them—were seen both on the wards and in out-patient departments. In some cases treatment continued in the patient's own home.

HEALTH EDUCATION

As mentioned earlier in the report, mothercraft classes for expectant mothers continue to be popular and are provided jointly by health visitors and midwives. The Health Education Officer showed films to these groups on 67 occasions during the year, often in the evenings so that husbands could be present.

Help and advice were given to many schools during the year. In some cases a health visitor gave a series of talks usually concerned with growing up and personal relationships. In others the Health Education Officer gave talks on the Health Services and other matters. On eight occasions he lectured to students at the Colleges of Education. A further course for teachers on emergency first aid was provided at Kempston Teachers' Centre by the Ambulance Training Officer.

Home Safety continued to receive attention. In addition to giving talks on the subject to women's organisations, Guides, Brownies etc., the Health Education Officer lectured to six groups of Home Helps employed by the Social Services Department.

Dental Health Education also continued actively, the dental auxiliaries going into many schools to talk to the children. Miss Irene Taylor, of Bedford, who was granted a Fellowship by the Health Education Council in 1972, to undertake research into the effectiveness of various forms of dental health education, continued this work in selected schools in Bedford Borough and the County.

FAMILY PLANNING

Full use continued to be made of this service. Two new clinics were opened during the year, at Union Street in Bedford and at Arlesey. The Mobile Clinic started operations in February and took over the patients of the clinic previously held in Shefford. Details of attendances at the various clinics provided by the Authority are given in Table V. The clinic held at Bedford General Hospital is run in conjunction with the hospital's post-natal clinic.

Facilities for the fitting of intra-uterine devices (I.U.D.s) were provided at a clinic run specially for this purpose in Bedford and at

the Bedford Hospital Clinic. In addition, clinics for the purpose were held in most parts of the County area. Altogether 583 women were seen at Local Authority clinics. Except in cases of medical need, a charge was made for materials and drugs, although the County Medical Officer had authority to waive the charge if there were strong social grounds for doing so.

TABLE V—ATTENDANCES AT FAMILY PLANNING CLINICS 1973

Clinic	No. of sessions	No. of new cases	No. of women who attended	Total no. of attendances
Ampthill	51	122	730	860
Arlesey†	22	43	183	277
Biggleswade	67	128	1,051	1,162
Dunstable	42	177	814	907
Houghton Regis	36	158	574	681
Kempston	51	135	681	772
Leighton-Linslade	54	190	888	1,019
Sandy	44	102	637	711
Stotfold	29	39	461	496
Mobile Clinic‡	122	259	860	970
Bedford :				
Barford Avenue	52	87	322	742
Bedford General Hosp. (N.W.)	51	343	458	908
Putnoe	52	78	320	677
Queen's Park	27	68	112	230
Union St.§	26	106	122	278
Special I.U.D. Clinic	35	138*	290	493
Totals	761	2,141	8,503	11,183

*32 of these referred were from other clinics and have been excluded from column total.

†Opened March 1973.

‡Commenced operations February 1973.

§Opened 3.9.73.

In addition to facilities described in the preceding paragraphs, birth control advice was available from general practitioners and the Family Planning Association. The latter held clinics in Bedford, Dunstable and Luton.

NURSING HOMES

The County Council were the responsible Authority for the registration and supervision of nursing homes, but their powers and duties in respect of premises in Bedford were delegated to the

Borough Council. Taking the County as a whole there were five homes registered at the 31st December. Two of them were in Bedford Borough. None of these Homes takes maternity cases.

NURSES AGENCIES

There is only one Agency in the County and it was licensed and supervised by the County Council under the Nurses Agencies Act, 1957.

OCCUPATIONAL HEALTH

In addition to their normal duties in relation to the National Health Service and the various Education and Public Health Acts, the County Medical Officer and his staff undertook a variety of duties concerned with staff health.

The County Medical Officer acted as Senior Police Surgeon and medical examinations of police recruits were undertaken by departmental doctors. Members of the Fire Service have to comply with medical standards recommended by the Home Office and the necessary examinations and perusal of statements of health were also carried out by departmental doctors. New employees of the County Council and Bedfordshire Water Board were examined for superannuation purposes, although in many cases an examination was not required if the candidate could furnish a satisfactory statement of health which was scrutinised by a medical officer. In addition, applicants for admission to Colleges of Education need to be medically examined. Examinations may also be required to determine whether an individual is fit to carry out his normal duties. Altogether 792 persons were examined and 706 statements were scrutinised in 1973. In addition, women engaged to work in school canteens are required to submit a statement concerning any possible infection and 567 such statements were scrutinised during the year.

SECTION III

PREVALENCE OF, AND CONTROL OVER, COMMUNICABLE DISEASES

NOTIFICATION OF INFECTIOUS DISEASES

Table VI sets out the list of diseases currently notifiable in England and Wales and shows the numbers notified and confirmed in each of the County districts during 1973 according to quarterly returns submitted by the district medical officers of health to whom notification was made in the first place.

TABLE VI—NUMBER OF CASES OF DISEASES NOTIFIED AND CONFIRMED IN EACH DISTRICT OF THE ADMINISTRATIVE COUNTY, 1973

	Amphill		Bedford		Biggleswade		Dunstable Borough	Kempston Urban	Leighton—Linslade Urban	Luton Rural	Sandy Urban	TOTALS
	Urban	Rural	Borough	Rural	Urban	Rural						
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
Acute Meningitis	2	7	1	—	—	1	—	—	—	—	—	11
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	2	—	—	—	—	—	—	2	—	4
Infective Jaundice	—	1	19	1	1	1	1	1	1	1	—	27
Leprosy	—	—	—	—	—	—	—	—	—	—	—	—
Leptospirosis	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	2	1	—	—	—	—	—	—	—	3
Measles	29	115	198	50	63	149	65	60	128	208	13	1078
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	4	12	7	4	1	1	10	6	17	12	—	74
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis—												
Respiratory ...	1	2	32	5	3	4	4	3	2	3	1	60
Meninges and C.N.S.	—	—	1	—	—	1	—	—	—	—	1	2
Other	—	1	8	4	—	1	3	1	—	2	—	20
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—
Typhus	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	3	2	2	—	—	1	—	1	1	—	10
Yellow Fever	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ...	—	1	8	3	—	—	—	—	2	1	—	15
TOTALS ..	36	142	280	70	68	157	84	71	151	230	15	1,304

The total number of confirmed cases of infectious diseases in 1972 was only 417, due mainly to the relative absence of measles of which only 231 cases were reported. In 1973 this disease was responsible for 1,078 notifications and the total for all diseases rose to 1,304. Only ten cases of whooping cough were confirmed, the lowest ever recorded.

VACCINATION AND IMMUNISATION

Protection is offered against diphtheria, whooping cough, tetanus and poliomyelitis during the first year of life, followed by measles vaccination in the second year of life. Reinforcing doses are given against diphtheria, tetanus and poliomyelitis at about five years of age. B.C.G. vaccination against tuberculosis is offered to all children at the age of 13 years. Vaccination against rubella (German measles) is offered as a routine to girls reaching their twelfth year. This is to ensure protection before child-bearing age is reached so that the risk of German measles during pregnancy causing damage to the foetus can be avoided.

All forms of vaccination are voluntary and every effort is made to persuade parents to have their children protected either by the family doctor or a child health clinic. Full details of immunisations completed in 1973 are given in Tables G and H of the Appendix. Of children born in 1971, 80 per cent had been protected against diphtheria, poliomyelitis and tetanus by the end of 1973 and 79 per cent against whooping cough.

Tuberculosis

For many years protection against tuberculosis by means of B.C.G. vaccination has been offered to children in their last year at school and to students attending universities, technical colleges and other establishments of further education. As contact with the disease often stimulates the body's defensive mechanism, a skin test is first performed to determine whether this has happened. Anyone giving a positive result does not require vaccination but may be referred to a Chest Clinic for further investigation if this is thought desirable.

In 1973, the number of school children and students skin tested was 3,830 of whom 3,517 were found to be negative. The number vaccinated during the year was 3,527. In appropriate cases, those who gave positive results were referred to the Chest Clinics.

There is also a scheme for vaccinating suitable contacts of tuberculosis patients. Altogether 615 contacts were skin tested and 280 were found to be positive. Of those that were negative 69 were vaccinated, including four new-born babies.

The Mass Radiography Service of the Regional Hospital Board continued during 1973 to provide weekly sessions in various parts of the County to which general practitioners were able to refer patients for chest X-Ray.

Rabies

Since 1971, prophylactic vaccination against rabies has been available to all persons in the County exposed to special risks of contracting this disease in the course of their work. Such persons are those concerned with the transport and quarantine of imported animals. Vaccination consists of three injections : two doses given six weeks apart followed by a reinforcing dose six months later. Thereafter an annual reinforcing dose is required. Three to four weeks after each booster dose, a specimen of blood is taken for study of the antibody responses to the vaccine. No requests for vaccination were received during the year.

VENEREAL DISEASES

Venereal diseases are not notifiable and it is not possible to ascertain accurately the incidence of the various conditions within the County. Special Clinics are held at Bedford General Hospital (South Wing) and St. Mary's Hospital, Luton.

Taking the two clinics together, 1,195 new cases of patients residing in the Administrative County were seen in 1973, compared with 1,006 in 1972. Of these, three were primary or secondary syphilis, 165 were gonorrhoea, 704 were other genital infections and the remainder were other conditions. Gonorrhoea only accounted for seven more cases than in 1972 whereas there were 110 more cases of other genital infections.

APPENDIX I



STATISTICAL TABLES

TABLE A—NUMBER OF BIRTHS, INFANT DEATHS AND STILLBIRTHS REGISTERED DURING 1973 (SUBDIVIDED ACCORDING TO LEGITIMACY),
TOGETHER WITH THE APPROPRIATE RATES FOR EACH OF THE COUNTY DISTRICTS

DISTRICTS	LIVE BIRTHS					DEATHS OF INFANTS UNDER 1 YEAR OF AGE				STILLBIRTHS			
	Legitimate	Ille- gitimate	Total	Crude Rate per 1,000 Home Pop.	Adjusted Rate	Legitimate	Ille- gitimate	Total	Rate per 1,000 live births	Legitimate	Ille- gitimate	Total	Rate per 1,000 total births (live and still)
URBAN:													
Amphill ..	84	4	88	14.9	14.6	5	—	5	56.8	1	—	1	11.2
Bedford M.B. ..	1,033	86	1,119	15.0	13.8	18	2	20	17.9	15	—	15	13.2
Biggleswade ..	148	5	153	15.8	14.1	4	—	4	26.1	1	—	1	6.5
Dunstable M.B. ..	562	35	597	18.6	16.9	9	—	9	15.1	5	2	7	11.6
Kempston ..	268	11	279	20.5	18.4	2	—	2	7.2	—	—	—	—
Leighton—Linslade ..	444	14	458	20.3	16.8	1	—	1	2.2	4	—	4	8.7
Sandy ..	131	4	135	22.5	21.4	1	1	2	14.8	1	—	1	7.4
TOTALS ..	2,670	159	2,829	17.2	15.5	40	3	43	15.2	27	2	29	10.1
RURAL:													
Amphill ..	523	16	539	15.5	13.6	4	1	5	9.3	3	2	5	9.2
Bedford ..	613	31	644	15.7	14.9	11	—	11	17.1	3	1	4	6.2
Biggleswade ..	562	24	586	15.3	14.8	10	—	10	17.1	8	—	8	13.5
Luton ..	546	41	587	15.2	13.8	4	1	5	8.5	6	—	6	10.1
TOTALS ..	2,244	112	2,356	15.4	14.3	29	2	31	13.2	20	3	23	9.7
GRAND TOTALS ..	4,914	271	5,185	16.3	15.0	69	5	74	14.3	47	5	52	9.9

TABLE B—CAUSES OF DEATH IN EACH DISTRICT OF BEDFORDSHIRE, 1973

CAUSE OF DEATH	Administrative County	URBAN DISTRICTS							RURAL DISTRICTS					
		Amphill	Bedford	Biggleswade	Dunstable	Kempston	Leighton-- Linslade	Sandy	TOTAL	Amphill	Bedford	Biggleswade	Luton	TOTAL
Enteritis and Other Diarrhoeal Diseases	4	—	—	—	1	—	1	—	2	—	—	2	—	2
Tuberculosis of Respiratory System	2	—	1	—	—	—	—	—	1	—	—	—	1	1
Other Tuberculosis	2	—	—	1	—	—	—	—	1	—	—	1	—	1
Meningococcal Infection	2	—	—	—	—	1	—	—	1	1	—	—	—	1
Syphilis and its Sequelae	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Other Infective and Parasitic Diseases	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Malignant Neoplasm—														
Stomach	53	2	8	1	4	3	4	2	24	4	8	10	7	29
Lung, Bronchus	165	1	43	7	12	7	11	4	85	22	19	17	22	80
Breast	59	1	12	1	5	2	5	1	27	8	6	9	9	32
Prostate	19	—	5	—	2	—	—	—	7	—	6	2	4	12
Uterus	21	—	6	1	2	—	1	—	10	1	5	4	1	11
Other	279	3	79	10	31	13	18	6	160	29	38	26	26	119
Leukaemia	11	—	2	1	2	—	2	1	8	—	1	—	2	3
Benign and Unspecified Neoplasms ..	7	—	1	—	1	—	—	—	2	1	2	2	—	5
Diabetes Mellitus	32	1	12	1	1	1	—	—	16	5	6	3	2	16
Other Endocrine etc. Diseases ..	4	—	1	—	1	1	—	—	3	—	—	—	1	1
Anaemias	6	—	4	—	—	—	—	—	4	1	1	—	—	2
Other Diseases of Blood, etc. ..	1	—	—	—	1	—	—	—	1	—	—	—	—	—
Mental Disorders	3	—	—	—	—	—	—	—	—	—	—	3	—	3
Multiple Sclerosis	8	1	3	—	2	—	—	—	6	—	1	1	—	2
Other Diseases of Nervous System ..	20	—	5	1	1	—	2	2	11	—	5	2	2	9
Chronic Rheumatic Heart Disease ..	26	—	5	1	1	2	1	—	10	3	6	3	4	16
Hypertensive Disease	28	—	5	1	4	3	—	1	14	2	5	6	1	14
Ischaemic Heart Disease	699	22	146	24	80	41	45	6	364	75	90	106	64	335
Other forms of Heart Disease	130	13	23	1	9	4	3	—	53	19	19	23	16	77
Cerebrovascular Disease	458	18	120	24	33	24	30	4	253	55	82	39	29	205
Other Diseases of Circulatory System	121	4	33	4	13	8	6	1	69	18	13	12	9	52
Influenza	13	—	2	3	—	1	1	—	7	3	1	2	—	6
Pneumonia	220	6	55	6	19	6	22	6	120	11	16	45	28	100
Bronchitis and Emphysema	105	2	29	5	10	3	6	2	57	10	13	18	7	48
Asthma	10	—	2	—	—	—	1	—	3	—	2	5	—	7
Other Diseases of Respiratory System	38	1	6	2	2	3	2	1	17	—	6	10	5	21
Peptic Ulcer	12	—	3	1	3	—	2	—	9	—	2	1	—	3
Appendicitis	2	—	2	—	—	—	—	—	2	—	—	—	—	—
Intestinal Obstruction and Hernia ..	14	—	2	1	3	—	1	—	7	1	4	2	—	7
Cirrhosis of Liver	9	—	4	—	2	—	—	—	6	—	1	1	1	3
Other Diseases of Digestive System ..	32	2	8	2	4	1	—	1	18	1	5	3	5	14
Nephritis and Nephrosis	14	—	2	1	1	1	1	2	8	—	—	6	—	6
Hyperplasia of Prostate	7	1	1	—	—	—	1	—	3	1	1	2	—	4
Other Diseases, Genito-Urinary System	20	—	4	1	1	1	—	—	7	—	7	3	3	13
Diseases of Skin, Subcutaneous Tissue	2	—	—	—	1	—	—	—	1	—	1	—	—	1
Diseases of Musculo-Skeletal System	15	—	3	—	2	—	2	—	7	—	5	2	1	8
Congenital Anomalies	27	2	6	1	2	2	—	1	14	2	8	2	1	13
Difficult Delivery, etc.	17	—	6	1	4	—	1	1	13	—	2	1	1	4
Other Causes of Perinatal Mortality	17	1	4	—	4	—	—	—	9	2	1	4	1	8
Symptoms and Ill-defined Conditions	27	1	6	1	1	1	—	—	10	1	5	10	1	17
Motor Vehicle Accidents	45	2	10	1	2	—	4	1	20	7	4	5	9	25
All Other Accidents	60	3	19	1	4	2	1	1	31	8	7	10	4	29
Suicide and Self-inflicted Injuries ..	11	1	3	—	1	—	2	—	7	3	—	—	1	4
All Other External Causes	17	—	5	—	4	2	2	—	13	1	2	1	—	4
TOTALS: ALL CAUSES	2,896	88	696	106	276	133	178	44	1,521	295	406	404	270	1,375

TABLE C—CAUSES OF DEATH OF BEDFORDSHIRE RESIDENTS, 1973 DIVIDED ACCORDING TO SEX AND AGE

CAUSE OF DEATH	MALES									FEMALES								
	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total
Enteritis and other Diarrhoeal Diseases	1	1	—	1	—	1	—	—	4	—	—	—	—	—	—	—	—	—
Tuberculosis of Respiratory System	—	—	—	—	1	1	—	—	2	—	—	—	—	—	—	—	—	—
Other Tuberculosis	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1
Meningococcal Infection	1	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1
Syphilis and its Sequelae	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other Infective and Parasitic Diseases	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—
Malignant Neoplasm—																		
Stomach	—	—	—	—	—	11	17	8	36	—	—	—	—	—	1	3	13	17
Lung, Bronchus	—	—	—	—	1	44	64	25	134	—	—	—	—	—	14	10	7	31
Breast	—	—	—	—	—	—	—	—	—	—	—	—	—	4	32	14	9	59
Prostate (M) Uterus (F)	—	—	—	—	—	3	5	11	19	—	—	—	—	1	11	4	5	21
Other	—	—	1	2	8	35	53	37	136	—	2	—	1	7	35	39	59	143
Leukaemia	—	—	1	—	2	2	1	1	7	—	1	—	—	—	—	2	1	4
Benign and Unspecified Neoplasms	—	—	1	—	1	2	—	—	4	—	—	—	—	1	1	1	—	3
Diabetes Mellitus	—	—	—	—	—	5	3	5	13	—	—	—	—	1	2	6	10	19
Other Endocrine etc. Diseases	—	—	—	—	—	1	—	1	2	1	—	—	—	—	1	—	—	2
Anaemias	—	—	—	—	—	—	1	2	3	—	—	—	—	—	1	—	2	3
Other Diseases of Blood, etc.	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—
Mental Disorders	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1	—	1	2
Multiple Sclerosis	—	—	—	—	1	3	—	—	4	—	—	—	—	2	—	2	—	4
Other Diseases of Nervous System	—	—	—	1	2	2	—	1	6	—	1	—	1	1	1	6	4	14
Chronic Rheumatic Heart Disease	—	—	—	—	1	3	5	—	9	—	—	—	1	—	5	6	5	17
Hypertensive Disease	—	—	—	—	—	3	4	7	14	—	—	—	—	1	3	2	8	14
Ischaemic Heart Disease	—	—	—	—	4	119	144	127	394	—	—	—	—	1	30	80	194	305
Other forms of Heart Disease	—	—	—	2	—	3	17	38	60	1	—	—	—	1	6	9	53	70
Cerebrovascular Disease	—	—	—	—	4	29	47	95	175	—	—	—	1	2	20	56	204	283
Other Diseases of Circulatory System	—	—	—	—	—	9	15	15	39	—	—	—	—	2	7	15	58	82
Influenza	—	—	—	1	—	—	2	4	7	—	—	—	—	—	1	1	4	6
Pneumonia	2	—	—	—	1	13	23	61	100	1	1	—	—	1	5	18	94	120
Bronchitis and Emphysema	—	—	—	—	—	21	24	32	77	1	—	—	—	—	3	10	14	28
Asthma	—	—	1	—	1	1	1	2	6	—	—	—	—	—	1	1	2	4
Other Diseases of Respiratory System	1	3	1	—	—	4	1	12	22	—	1	1	—	—	2	2	10	16
Peptic Ulcer	—	—	—	—	—	—	2	5	7	—	—	—	—	—	—	2	3	5
Appendicitis	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1	—	—	1
Intestinal Obstruction and Hernia	—	—	—	—	—	—	2	4	6	—	1	—	—	1	—	1	5	8
Cirrhosis of Liver	—	—	—	—	1	3	—	—	4	—	—	—	1	—	3	—	1	5
Other Diseases of Digestive System	—	—	—	—	—	4	3	1	8	1	—	—	—	1	4	6	12	24
Nephritis and Nephrosis	—	—	—	—	—	2	1	2	5	—	—	—	—	1	2	3	3	9
Hyperplasia of Prostate	—	—	—	—	—	—	2	5	7	—	—	—	—	—	—	—	—	—
Other Diseases, Genito-Urinary System	—	—	—	—	1	3	3	1	8	—	—	—	—	—	3	—	9	12
Diseases of Skin, Subcutaneous Tissue	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Diseases of Musculo-Skeletal System	—	—	—	—	1	—	1	1	3	—	—	—	—	1	2	3	6	12
Congenital Anomalies	11	1	—	—	—	1	—	—	13	11	—	—	1	1	—	1	—	14
Difficult Delivery, etc.	7	—	—	—	—	—	—	—	7	10	—	—	—	—	—	—	—	10
Other Causes of Perinatal Mortality	12	—	—	—	—	—	—	—	12	5	—	—	—	—	—	—	—	5
Symptoms and Ill-defined Conditions	3	—	—	—	—	—	1	4	8	5	—	—	—	—	—	2	12	19
Motor Vehicle Accidents	—	2	2	8	9	6	—	5	32	—	—	1	7	3	—	2	—	13
All Other Accidents	—	—	1	4	4	3	1	8	21	—	2	1	2	1	7	3	23	39
Suicide and Self-inflicted Injuries	—	—	—	—	8	1	—	—	9	—	—	—	—	1	1	—	—	2
All Other External Causes	—	—	1	2	4	5	1	—	13	—	1	—	—	1	1	—	1	4
TOTALS: ALL CAUSES	38	7	9	21	56	345	445	521	1,442	36	10	4	15	36	207	311	835	1,454

TABLE D—NUMBER OF LOW WEIGHT BIRTHS NOTIFIED IN THE COUNTY DURING 1973, SHOWING WHERE BORN AND NURSED, AND SUBDIVIDED ACCORDING TO WEIGHT AND PERIOD OF SURVIVAL

	BORN AT HOME OR IN PRIVATE NURSING HOME											Grand Total	
	Total	Nursed entirely at Home or in Nursing Home						Transferred to Hospital					
		2 lb. 3 oz. or less	Over 2 lb. 3 oz. to 3 lb. 4 oz.	Over 3 lb. 4 oz. to 4 lb. 6 oz.	Over 4 lb. 6 oz. to 5 lb. 8 oz.	TOTAL	2 lb. 3 oz. or less	Over 2 lb. 3 oz. to 3 lb. 4 oz.	Over 3 lb. 4 oz. to 4 lb. 6 oz.	Over 4 lb. 6 oz. to 5 lb. 8 oz.	TOTAL		
Died in first 24 hours ..	—	—	—	—	—	—	—	—	—	—	5	5	
Died 2nd - 6th day ..	—	—	—	—	—	—	—	—	—	—	8	8	
Died 7th - 27th day ..	—	—	—	—	—	—	—	—	—	—	1	1	
Survived 28 days ..	6	—	—	5	5	—	—	—	1	1	195	201	
TOTALS ..	6	—	—	5	5	—	—	—	1	1	209	215	

TABLE E—ATTENDANCES AND SESSIONS AT CHILD HEALTH CLINICS,
1973.

Centre	Type of Premises	No. of children who attended during year born in			No. of Sessions held by		
		1973	1972	1968-71	Medical Officers	Health Visitors	Others
Amphill	HC	103	132	74	28	24	—
Arlesey	HC	57	79	227	25	27	—
Barton	R	58	76	73	65	5	—
Bedford—							
Barford Avenue	P	136	163	75	3	49	49
Brickhill	P	140	159	127	7	49	44
Denmark St... ..	R	112	107	32	11	15	24
Harewood Road	R	70	27	2	4	9	38
Putnoe	HC	189	234	118	5	52	44
Queen's Park	HC	139	118	87	39	3	9
Union Street... ..	P	172	178	90	—	27	50
Biggleswade	A	136	43	160	47	3	—
Bromham	R	47	24	33	43	4	—
Caddington	R	64	59	78	25	24	—
Clapham	A	67	59	48	26	3	—
Clifton	R	55	65	68	24	2	—
Cranfield	R	66	15	5	25	27	—
Dunstable	P	380	488	327	108	89	—
Dunstable Downside	R	67	10	12	41	2	—
Eaton Bray	R	15	15	17	14	2	—
Flitwick... ..	R	100	118	130	39	12	—
Harlington	R	24	44	80	13	13	—
Henlow, R.A.F.	R	87	40	34	23	1	—
Houghton Regis	P	247	231	312	147	9	—
Kempston	P	243	186	182	93	—	—
Langford	R	22	5	22	21	—	—
Leighton Buzzard	P	266	342	154	80	52	—
Leighton Buzzard							
Brooklands	R	70	140	38	36	20	—
Potton	R	45	18	25	19	6	—
Sandy	P	107	21	52	36	2	—
Sharnbrook	R	15	38	4	12	1	—
Shefford	R	46	73	42	25	—	—
Shillington	R	9	17	43	13	11	—
Slip End	R	39	48	50	22	2	—
Stotfold... ..	P	72	36	179	43	8	—
Toddington	P	58	103	139	46	2	—
Mobile Clinics*	—	1134	1341	1093	1355	148	—
TOTALS		4,657	4,852	4,232	2,563	703	258

NOTE: Type of premises HC—health centre. R—occupied on sessional basis.
P—purpose-built. S—doctor's surgery.
A—adapted.

* Second Mobile Clinic commenced operation 12.2.73

TABLE F—TREATMENT OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE PROVIDED
AT DENTAL CLINICS DURING 1973

	Exam- ined	Treat- ment com- menced during year	Courses of Treat- ment com- pleted during year	Teeth Extrac- ted	General Anaes- thetics	No of fill- ings	Prophy- laxis	Teeth other- wise con- served	Crowns or Inlays provid- ed	Patient x rayed	Patients supplied with Dentures	
											F.U. or F.L.	Other
AMPTHILL—												
Expectant and nursing mothers ...	16	15	16	11	—	27	7	—	—	—	1	3
Children under 5 ...	225	32	34	—	—	63	—	3	—	1	—	—
BEDFORD (BOROUGH)*—												
Expectant and nursing mothers ...	29	29	21	20	2	45	18	—	—	2	—	2
Children under 5 ...	436	179	211	120	45	370	111	27	—	1	—	—
BEDFORD (COUNTY)*—												
Expectant and nursing mothers ...	6	4	5	5	1	8	6	—	—	3	—	—
Children under 5 ...	98	22	31	12	5	40	2	15	—	—	—	—
BIGGLESWADE—												
Expectant and nursing mothers ...	4	4	3	—	—	3	3	—	—	1	—	—
Children under 5 ...	145	37	45	9	4	85	11	12	—	—	—	—
DUNSTABLE—												
Expectant and nursing mothers ...	20	23	21	28	6	52	14	—	—	1	—	3
Children under 5 ...	434	110	137	68	29	137	11	81	—	—	—	—
HOUGHTON REGIS—												
Expectant and nursing mothers ...	20	17	13	13	—	76	12	—	1	2	—	—
Children under 5 ...	214	65	41	54	8	188	15	6	—	5	—	—
KEMPSTON—												
Expectant and nursing mothers ...	40	46	41	37	—	165	40	—	10	24	1	4
Children under 5 ...	345	123	100	3	—	439	54	11	—	—	—	—
LEIGHTON BUZZARD—												
Expectant and nursing mothers ...	14	10	5	5	3	27	9	—	—	2	—	1
Children under 5 ...	236	44	72	28	11	306	18	13	—	—	—	—
MOBILE CLINICS—												
Expectant and nursing mothers ...	4	3	2	3	—	4	1	—	—	—	—	—
Children under 5 ...	62	30	22	14	4	28	5	7	—	2	—	—
TOTALS—												
Expectant and nursing mothers ...	153	151	127	122	12	407	110	—	11	35	3	13
Children under 5 ...	2195	642	693	308	106	1656	227	175	—	9	—	—

* Figures are combined for Union Street, Putnoe and Queen's Park Clinics.

TABLE G—NUMBER OF CHILDREN WHO RECEIVED PRIMARY PROTECTION AGAINST DIPHTHERIA, TETANUS, WHOOPING COUGH, MEASLES AND POLIOMYELITIS DURING 1973

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1973	1972	1971	1970	1966-69		
1. Quadruple DTPP ..	—	—	—	—	—	—	—
2. Triple DTP	100	3,494	726	50	23	6	4,399
3. Diphtheria/Wh. Cough	—	1	—	—	—	—	1
4. Diphtheria/Tetanus	—	64	21	13	48	25	171
5. Diphtheria	—	2	—	—	—	1	3
6. Whooping Cough ..	—	1	4	1	—	—	6
7. Tetanus	—	20	21	30	39	397	507
8. Salk	—	—	—	—	—	—	—
9. Sabin	99	3,566	744	63	95	142	4,709
10. Measles	3	2,181	1,232	155	383	14	3,968
11. Rubella	—	—	—	—	—	2,678	2,678
12. Lines 1+2+3+4+5 (Diphtheria)	100	3,561	747	63	71	32	4,574
13. Lines 1+2+3+6 (Whooping cough)	100	3,496	730	51	23	6	4,406
14. Lines 1+2+4+7 (Tetanus)	100	3,578	768	93	110	428	5,077
15. Lines 1+8+9 (Polio)	99	3,566	744	63	95	142	4,709

TABLE H—NUMBER OF CHILDREN WHO RECEIVED REINFORCING DOSES
DURING 1973

Type of Vaccine or dose	Year of birth					Others under age 16	Total
	1973	1972	1971	1970	1966-69		
1. Quadruple DTPP ..	—	—	—	—	—	—	—
2. Triple DTP	—	25	72	20	87	9	213
3. Diphtheria/Wh. Cough	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	1	5	11	3,844	96	3,957
5. Diphtheria	—	—	—	—	19	4	23
6. Whooping Cough ..	—	—	—	—	—	—	—
7. Tetanus	—	—	7	4	65	1,023	1,099
8. Salk	—	—	—	—	—	—	—
9. Sabin	—	26	74	33	3,820	776	4,729
10. Lines 1+2+3+4+5 (Diphtheria)	—	26	77	31	3,950	109	4,193
11. Lines 1+2+3+6 (Whooping cough)	—	25	72	20	87	9	213
12. Lines 1+2+4+7 (Tetanus)	—	26	84	35	3,996	1,128	5,269
13. Lines 1+8+9 (Polio)	—	26	74	33	3,820	776	4,729

APPENDIX II

BEDFORD JOINT LIAISON COMMITTEE

(1972-1974)

LIST OF REPORTS

Area Profile

Occupational Health

Working Party Convener—Dr. J. G. R. Clarke

Liaison in Transport

Working Party Chairman—Dr. A. W. C. Lobban

School Health Service

Working Party Chairman—Dr. J. P. Hutchby

Finance (2)

Working Party Chairman—W. H. Shephard

Ambulance Service

Working Party Chairman—T. R. Walton

Resources

Working Party Chairman—J. V. Cowan

Nursing

Working Party Convener—Miss W. Frost, O.B.E.

Administration

Working Party Chairman—R. E. Adams

Records

Working Party Convener—S. T. Taylor

Supplies

Working Party Chairman—V. J. L. Weeks

Other Reports produced :

Care of the Elderly in Bedfordshire

Dr. M. C. Macleod Dr. L. G. Nicol

Health Education

Miss R. Stock Mr. C. J. Guy

LIST OF MEMBERS

Bedford Hospital Management Committee

R. E. ADAMS—Group Secretary

W. H. SHEPHARD—Treasurer

Luton and Hitchin Group Hospital Management Committee

G. E. T. MORGAN (Secretary)—Group Secretary

MRS. D. WEEKS—Chief Nursing Officer

Fairfield Hospital Management Committee

DR. L. FORD—Physician Superintendent

J. RUSSELL—Secretary and Treasurer

Bedfordshire and Luton Executive Council

F. W. OATEN—Clerk

DR. MARY FITZMAURICE—Chairman, Local Medical Committee

DR. C. J. BUCKINGHAM—Vice-Chairman, Local Medical Committee

Bedfordshire County Council

DR. M. C. MACLEOD (Chairman)—County Medical Officer of Health

MISS W. FROST, OBE—Director of Nursing Services

Bedford Borough Council

DR. J. G. M. MORTIMER—Medical Officer of Health

R. K. SEXTON—Assistant Town Clerk

Luton County Borough

J. V. COWAN—Town Clerk

DR. A. W. C. LOBBAN—Medical Officer of Health

Regional Hospital Board

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